

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1 / 10

1. NAME OF COMMITTEE (in full) HUCKABEE FOR PRESIDENT, INC.		2. IDENTIFICATION NUMBER C00431809																	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported C/O JPMS Cox, PLLC 11300 Cantrell Road, Suite 301																			
CITY, STATE, and ZIP CODE Little Rock AR 72212		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General																	
4. TYPE OF REPORT (Check here <input type="checkbox"/> if this is a Termination Report.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report </div> <div style="width: 45%;"> Monthly Report Due On: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> February 20 <input type="checkbox"/> March 20 <input type="checkbox"/> April 20 <input type="checkbox"/> May 20 </div> <div> <input type="checkbox"/> June 20 <input type="checkbox"/> July 20 <input checked="" type="checkbox"/> August 20 <input type="checkbox"/> September 20 </div> <div> <input type="checkbox"/> October 20 <input type="checkbox"/> November 20 <input type="checkbox"/> December 20 <input type="checkbox"/> January 31 </div> </div> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Twelfth day report preceding _____ <div style="text-align: right;">(Type of Election)</div> <div style="text-align: center;">election on _____ in the State of _____</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Thirtieth day report following the General Election on _____ <div style="text-align: center;">on _____</div> </div> <div style="margin-top: 10px;"> IS THIS REPORT AN AMENDMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </div>																			
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I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.																			
Type or Print Name of Treasurer Mr. Bryan Jeffrey			Date 12/30/2010																
Signature of Treasurer																			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.																			
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